



# Open Enrollment 2025

Phoenix Elementary School District

## Medical plan coverage details

	Choice Plus \$1,500 www.whyuhc.com/choiceplus			Doctor's Plan \$1,000			HDHP www.whyuhc.com/choiceplus		
Premium	Your employer will provide your premium amounts								
Annual medical deductibles and out-of-pocket limits	Network		Out-of network	Network		Out-of network	Network		Out-of network
Deductible amounts									
Individual	\$1,500		\$3,000	\$1,000		\$3,000	\$3,300		\$6,000
Family	\$3,000		\$6,000	\$2,000		\$6,000	\$6,600		\$12,000
Out-of-pocket limits									
Individual	\$6,000		\$8,000	\$5,000		\$8,000	\$6,000		\$10,000
Family	\$12,000		\$16,000	\$10,000		\$16,000	\$12,000		\$20,000
Medical copays (\$) and coinsurance (%)	Network		Out-of network	Network		Out-of network	Network		Out-of network
Doctors and other professionals									
Primary care visit (illness or injury)	\$25		50%*	Covered in Full		50%*	20%*		50%*
Specialist	\$50		50%*	\$75		50%*	20%*		50%*
Mental health visit (outpatient)	\$25		50%*	Covered in Full		50%*	20%*		50%*
Preventive care visit	Covered in Full		Not Covered	Covered in Full		Not Covered	Covered in Full		Not Covered
Virtual, urgent and emergency care									
24/7 Virtual Visit (online doctor)	Covered in Full		Not Covered	Covered in Full		Not Covered	20%*		Not Covered
Urgent care visit	\$75		50%*	Covered in Full		50%*	20%*		50%*
Emergency room	\$300		\$300	\$300		\$300	20%*		20%*
Prescription type	Retail up to 31-day supply	Out-of-network	Home delivery up to 90-day supply	Retail up to 31-day supply	Out-of-network	Home delivery up to 90-day supply	Retail up to 31-day supply	Out-of-network	Home delivery up to 90-day supply
Tier level 1 (\$ – generic)	\$5	\$5	\$12.50	\$5	\$5	\$12.50	\$5*	\$5*	\$12.50*
Tier level 2 (\$\$ – brand-name and generic)	\$40	\$40	\$100	\$40	\$40	\$100	\$40*	\$40*	\$100*
Tier level 3 (\$\$\$ – brand-name and generic)	\$105	\$105	\$262.50	\$105	\$105	\$262.50	\$105*	\$105*	\$262.50*
Specialty (\$\$\$\$)	\$250	\$250	N/A	\$250	\$250	N/A	\$250*	\$250*	N/A

The above is only a summary. It is not intended to be a complete listing of all plan details.  
\*After the deductible.

## Common health care terms — good info to know

### Coinsurance

The percentage of costs you pay for a covered health care service after your deductible is reached.

### Copayment

Also called a copay, this is a fixed amount of money you may pay for certain covered health services, like a doctor's appointment.

### Deductible

The amount you pay before your plan starts sharing costs for covered services.

### Out-of-pocket limit

The most you could pay for covered services in a plan year.

### Premium

A routine payment that's typically taken out of your paycheck and helps keep your plan active, so you can stay covered.

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ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

These plans have exclusions, limitations and reduction of benefits. For costs and complete details contact your employer.

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